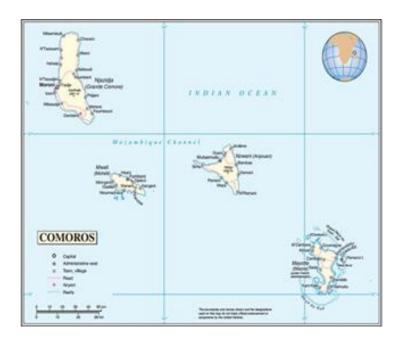
Comoros ALMA Quarterly Report Quarter Two, 2020



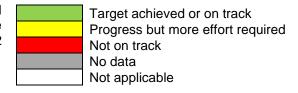
Scorecard for Accountability and Action



Metrics Commodities Financed and Financial Control LLIN financing 2020 projection (% of need) Public sector RDT financing 2020 projection (% of 53 Public sector ACT financing 2020 projection (% of 100 World Bank rating on public sector management and institutions 2018 (CPIA Cluster D) Insecticide Resistance Monitoring, Implementation and Impact Insecticide classes with mosquito resistance in representative sentinel sites confirmed since 2010 Insecticide resistance monitored since 2015 and data reported to WHO National Insecticide Resistance Monitoring and Management Plan RDTs in stock (>9 months stock) ACTs in stock (>9 months stock) LLIN/IRS campaign on track Country Reporting Launch of Zero Malaria Starts with Me Campaign Scale of Implementation of iCCM (2017) Operational LLIN/IRS coverage (% of at risk population) On track to reduce case incidence by ≥40% by 2020 (vs 2015) On track to reduce case mortality by ≥40% by 2020 (vs 2015) Tracer Indicators for Maternal and Child Health and NTDs Mass Treatment Coverage for Neglected Tropical Disease (NTD index, %)(2018) Estimated % of Total Population living with HIV who 60 have access to antiretroviral therapy (2019) Estimated % of children (0-14 years old) living with HIV who have access to antiretroviral therapy (2019) 82 % deliveries assisted by skilled birth attendant 49 Postnatal care (within 48 hrs) 11 Exclusive breastfeeding (% children < 6 months) Vitamin A Coverage 2018 (2 doses) DPT3 coverage 2019 (vaccination among 0-11 month olds)

Most of the population of Comoros is at risk of malaria. Transmission is perennial on the Island of Grand Comore and unstable throughout the zones of Anjouan and Mohéli. The annual reported number of malaria cases in 2018 was 19,682 with 8 deaths.

Key



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Malaria

Sustaining Essential Health Services During the COVID-19 Pandemic

The COVID-19 pandemic is putting an incredible strain on health systems across Africa. Health systems are required to maintain routine health services for other illnesses even as they handle the additional burden. In order to prevent widespread morbidity and mortality, it is of vital importance that we work to sustain the delivery of essential life-saving interventions during this difficult time including for Reproductive, Maternal, Newborn, Child and Adolescent health and malaria.

WHO underlines the critical importance of sustaining efforts to prevent, detect and treat malaria during the COVID-19 pandemic. It is of vital importance to ensure the continuity of malaria prevention and treatment services including distribution of insecticide-treated nets and indoor residual spraying, as well as chemoprevention for pregnant women. Any intervention must consider the importance of both lowering malaria-related mortality and ensuring the safety of communities and health workers given the ease of transmission of COVID-19.

For Comoros, it will be of vital importance to ensure that the universal coverage campaign for long-lasting insecticidal nets (LLINs) scheduled for 2020 goes ahead, whilst taking into account physical distancing, in accordance with the recent guidance and recommendations from WHO and the RBM Partnership to End Malaria Without this IRS, coupled with the need to sustain essential health services including malaria case management, there will be an increase in malaria cases and deaths.

The Global Fund

The Global Fund has announced that Comoros will receive €6.4 million for HIV, tuberculosis, malaria, and health systems strengthening as the country allocation for 2021-2023. The Global Fund has determined the total allocation amount based on Comoros"s disease burden and income level, as well as several other factors. The malaria component is also allocated a specific proportion of the total, according to a formula developed by the Global Fund that takes into account several factors, including disease burden and previous disbursements. For Comoros this is calculated at €4.8 million. The allocations to the individual disease components are not fixed, and can be adjusted according to decisions made at country level. Comoros is urged to ensure that resources are allocated to malaria control from the overall Global Fund country allocation, as well as from domestic resources, to accelerate progress.

Progress

Comoros has secured the required resources for the required LLINs and ACTs in 2020. WHO has identified Comoros as being a country with the potential to eliminate local transmission of malaria by 2020. The country has carried out insecticide resistance monitoring since 2015 and has reported the results to WHO. The country has enhanced the tracking and accountability mechanisms for malaria with the development of a Malaria Elimination Scorecard.

Impact

The annual reported number of malaria cases in 2018 was 19,682 with 8 deaths.

Key Challenges

- Insufficient human resources and a limited number of partners to implement malaria control activities.
- Gaps in funding to allow larger scale IRS.

 Sustaining the delivery of essential life-saving interventions during the COVID-19 pandemic including for Reproductive, Maternal, Newborn, Adolescent and Child health including malaria.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the GF malaria funding application is submitted by Q2 2021 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q2 2021		Deliverable not yet due
Impact	Investigate and address the reasons for the increase in estimated malaria incidence and deaths between 2015 and 2018	Q4 2020		Comoros reports that a major reason for the increase in cases was the lack of high coverage of vector control. The LLIN universal coverage campaign is planned for Q3 2020
Impact	Ensure that malaria services including case management and vector control are sustained and implemented whilst using COVID-19 sensitive guidelines during the pandemic	Q4 2020		Comoros reports that there are sufficient antimalarial commodities in the country. The LLIN campaign is being planned for Q3 2020. There are reports of less malaria testing as a result of fewer people going to health facilities during the COVID-19 lock-down, as well as reports of increased ACT use

The country has responded positively to the recommended actions addressing CPIA cluster D and development of a national insecticide resistance monitoring and management plan and continues to track progress as these actions are implemented.

RMNCAH and NTDs

Progress

The country has achieved high coverage in the tracer RMNCAH intervention skilled birth attendants and DPT3 coverage.

Progress in addressing Neglected Tropical Diseases (NTDs) in Comoros is measured using a composite index calculated from preventive chemotherapy coverage achieved for lymphatic filariasis and soil transmitted helminths. Preventive chemotherapy coverage in Comoros for both lymphatic filariasis and soil transmitted helminths was not implemented in 2018. Overall, the NTD preventive chemotherapy coverage index for Comoros in 2018 is 0 which represents a decrease compared with the 2017 index value (47).

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
RMNCAH1: Optimise quality of care	Address the falling coverage of vitamin A	Q1 2021		Deliverable not yet due
	b) Ensure that essential RMNCAH services are sustained and implemented whilst using Covid-19 sensitive guidelines during the pandemic. Address any stock-outs of essential RMNCAH commodities	Q4 2020		Deliverable not yet due

Comoros has also responded positively to the RMNCAH recommended actions addressing exclusive breastfeeding, as well as lack of data on ART coverage in children, and continues to track progress as these actions are implemented.



¹ RMNCAH metrics, recommended actions and response tracked through WHO